

GP-509, REV 1
Change 1, June 18, 1973



**JOHN F. KENNEDY
SPACE CENTER**

**GUIDE FOR CONTRACTOR SAFETY PLANS
AT JOHN F. KENNEDY SPACE CENTER**

SAFETY OFFICE

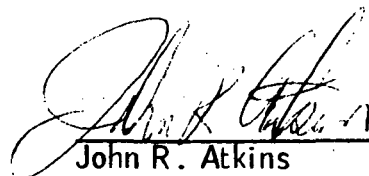
Change 1, June 18, 1973

JOHN F. KENNEDY SPACE CENTER, NASA

GP-509

Revised
March 30, 1973

GUIDE FOR CONTRACTOR SAFETY PLANS
AT JOHN F. KENNEDY SPACE CENTER



John R. Atkins
Director, Safety Office

LIST OF EFFECTIVE PAGES

Insert latest changes (*); destroy superseded pages.

TOTAL NUMBER OF PAGES IN THIS DOCUMENT IS 16, CONSISTING OF:

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*	i thru ii	June 18, 1973
	iii/iv	March 30, 1973
	1 thru 8	March 30, 1973
*	9 thru 12	June 18, 1973

SECTION V REPORTS

5-1 SAFETY SUMMARY REPORT

Contractor must furnish the KSC Safety Office with a Monthly Safety Summary Report as shown in Figure 5-1. (Forms are available from Forms Warehouse IS-DOC-3FW). Explanation for completing the form follows:

In the top section enter the Month and Year, Contract Number, and Company. Give total Number of Personnel assigned to the contract for the reporting period as of last day of month. Furnish total Number of full-time Safety Personnel employed as of the last day of the month.

1. MONTHLY ACCIDENT AND INJURY SUMMARY

- A. Number of Manhours Worked for the Month and Year to date includes all manhours on the job by all personnel employed under the contract.
- B. For the Number of Lost Time Accidents show actual number as defined in USAS Standard Z16.1, "Method of Recording and Measuring Work Injury Experience." If a lost time accident is excluded, explain the item 4 (at bottom of form) referring to the paragraph in Z16.1 and include a copy of the report in the Safety Summary Report.
- C. The Accident Frequency Rate is computed as follows:
$$\frac{\text{No. accidents} \times 1,000,000}{\text{manhours worked}} = \text{frequency}$$
- D. Total Number of Days Lost for each lost time accident is computed using USAS Standard Z16.1. This figure includes holidays and weekends but does not include the day of injury or the day of returning to work.
- E. Accident Severity Rate is determined as follows:

$$\frac{\text{No. days} \times 1,000,000}{\text{manhours worked}} = \text{severity rate}$$

Show for the Month and for the Year to date.

F. For the Number of First Aid Accidents - show the actual number of KSC Form 6-2's (Record of Injury), for the Month and for the Year that are work connected. Include all copies in the Monthly Safety Summary Report. This does not include re-visits.

G. The First Aid Frequency Rate is computed as follows:

$$\frac{\text{No. of 6-2's} \times 1,000,000}{\text{manhours worked}} = \text{First Aid frequency rate}$$

If a first aid accident is excluded for any reason explain in item 4 (at the bottom of the form).

2. MONTHLY MOTOR VEHICLE ACCIDENT SUMMARY

A. Number of Miles Driven - show all mileage for both Government and Government-leased vehicles used under the contract for the Month and the Year to date.

B. Number of Reportable Motor Vehicle Accidents - show actual number of vehicle accidents for the Month and the Year to date. A reportable vehicle accident is one of the following:

- (1) \$50.00 or more damage to the vehicle.
- (2) \$100.00 or more damage to other property.
- (3) Where personnel injury is involved.

Include a copy of all reports relating to the accident in the Safety Summary Report. If a vehicle accident is excluded from the statistic for any reason, explain in item 4.

C. The Vehicle Accident Frequency rate is determined as follows:

$$\frac{\text{No. accidents} \times 100,000}{\text{miles driven}} = \text{vehicle accident frequency}$$

Indicate for the Month and for the Year to date.

3. INCIDENT/PROPERTY DAMAGE

A. Number - show actual number for the Month and the Year to date.

- B. Damage Cost - show accumulative total dollar cost of all incidents/property damage. Include a copy of investigation report in the monthly summary report.

4. COMMENTS

List or describe the following (use backside of form if necessary).

- A. Show Z16.1 information called for in 1B above.
- B. All KSC Form 6-2's not shown in 1F and G above. Include copies in monthly safety summary report.
- C. Explain vehicle accident or damage exclusion from 2B above. Include copies of reports in monthly safety summary report.
- D. Give a brief statement as to training accomplished, showing subject matter, length of training and number of personnel attending.
- E. Give a short explanation of any incentive award program covering safety. What was done, how many received the award, etc.
- F. Bulletins, posters, etc. Include copies or explain all promotional material.
- G. Explain or include copies of management directives covering the safety program developed by the contractor.
- H. List safety problems encountered and action taken to correct each problem.
- I. Representation at meetings: List Safety meetings/conferences attended by Safety or management personnel, i.e., Fire, Safety, Security Working Group; Launch Operations Committee, KSC Contracts meetings, etc.

SAFETY SUMMARY REPORT			MONTH & YEAR
COMPANY	CONTRACT NO.	NUMBER PERSONNEL	NO. SAFETY PERSONNEL
		MONTH	YEAR
1. MONTHLY ACCIDENT AND INJURY SUMMARY			
A. NUMBER OF MANHOURS WORKED			
B. NUMBER OF LOST TIME ACCIDENTS			
C. ACCIDENT FREQUENCY RATE			
D. NUMBER OF DAYS LOST			
E. ACCIDENT SEVERITY RATE			
F. NUMBER OF FIRST AID ACCIDENTS			
G. FIRST AID FREQUENCY RATE			
2. MONTHLY MOTOR VEHICLE ACCIDENT SUMMARY			
A. NUMBER OF MILES DRIVEN			
B. NUMBER OF REPORTABLE MOTOR VEHICLE ACCIDENTS			
C. VEHICLE ACCIDENT FREQUENCY			
D. DAMAGE COST			
3. INCIDENTS/PROPERTY DAMAGE			
A. NUMBER			
B. DAMAGE COST			
4. COMMENTS:			

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SAFETY OFFICE

TRANSMITTAL SHEET

TO: All recipients of KSC GP-509, Revised March 30, 1973

DATE
June 18, 1973

MATERIAL TRANSMITTED

Attached is Change 1 to GP-509, Revised March 30, 1973; Guide for Contractor Safety Plans at John F. Kennedy Space Center.

FILING INSTRUCTIONS

Insert change pages in accordance with Page ii (List of Effective Pages)
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B. NUMBER OF REPORTABLE MOTOR VEHICLE ACCIDENTS			
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